

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 5 - 0 0 5

2. STATE:

RHODE ISLAND

3. PROGRAM IDENTIFICATION - TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID):

4. PROPOSED EFFECTIVE DATE

JANUARY 1, 1995

REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 9 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

FEDERAL STATUTE/REGULATION CITATION:

42CFR447.331

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19B, page 2 and page 2a;

9. NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable):

ATTACHMENT 4.19B, page 2.

SUBJECT OF AMENDMENT:

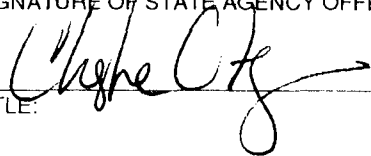
Pharmacy Reimbursement

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

See attached letter.

SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Christine C. Ferguson

TITLE:

Director

15. DATE SUBMITTED:

MARCH 28, 1995

RETURN TO:

Christine C. Ferguson
DirectorDepartment of Human Services
600 New London AvenueAime Forand Building
Cranston, Rhode Island 02920

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED:

3-31-95

18. DATE APPROVED:

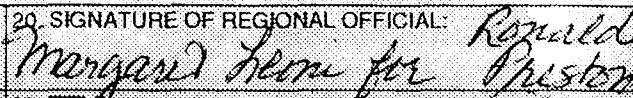
6-6-01

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL:

1-1-95

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Region Administrator

REMARKS:

STATE OF RHODE ISLAND

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- (2) Early, periodic screening, diagnosis and treatment of individuals under 21 years of age: on the basis of negotiated fee schedule.
 - (3) Family planning services, drugs and supplies for individuals of child-bearing age when such services are under the supervision of a physician, as determined according to the elements inherent in the family planning service or the drugs and contraceptive devices necessary: on the basis of negotiated physician fee schedule and the pharmacy fee schedule.
- c. Physicians' services: on the basis of negotiated fee schedule.
- f. Medical care of any other type of remedial care recognized under State law furnished by licensed practitioners within the scope of their practice as defined by law limited to:
- (1) Podiatry services: on the basis of a negotiated fee schedule.
 - (2) Optometry services: on the basis of a negotiated fee schedule.
- g. Home Health services: on the basis of a fixed fee schedule.
- h. Dental services: on the basis of a negotiated fee schedule.
- i. Prescribed drugs, dentures, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by the optometrist, whichever the individual may select.
- (1)(a) The reimbursement of legend drugs is the lower of the following:
- o the drug product allowance established by the HCFA Upper Payment Limits plus a reasonable professional Dispensing Fee; or,
 - o the drug product allowance established by the State Upper Payment Limits plus a reasonable professional Dispensing Fee; or,
 - o the estimated acquisition cost (which shall be the manufacturer's reported Wholesale Acquisition Cost plus a 10% markup) plus a reasonable professional Dispensing Fee; or,
 - o the usual and customary charge to the general public (to include all discounts such as senior citizen discounts, or if lower, the amount reimbursed by other third party payors).
- The professional Dispensing Fee has been established to be \$3.40 for those recipients living in their own home or \$2.85 for those recipients living in a licensed Nursing Facility or an Intermediate Care Facility for the Mentally Retarded.
- (b) Reimbursement for over-the-counter items is based upon the lowest of the drug product allowance plus the professional Dispensing Fee, the allowable cost of the drug plus a 50% markup or the usual and customary charge to the general public, but not less than a \$2.00 minimum charge per prescription.
- (2) Dentures: on the basis of a negotiated fee schedule.
- (3) Surgical and prosthetic devices: all payments are made for covered
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